

**ATTORNEY DOCKET NO. 03224.0001U1**  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
	)	
<b>Fred Allegrezza</b>	)	Group Art Unit: <b>2623</b>
	)	
Application No.: <b>09/839,581</b>	)	Examiner: <b>Christopher L. Parry</b>
	)	
Filing Date: <b>April 20, 2001</b>	)	Confirmation No.: <b>1423</b>
	)	
For: <b>SYSTEM AND METHOD FOR</b>	)	
<b>RETRIEVING AND STORING</b>	)	
<b>MULTIMEDIA DATA</b>	)	

**TRANSMITTAL LETTER**

**Mail Stop RCE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

October 17, 2007

Sir:

Transmitted herewith are the following in the above-identified application:

<input checked="" type="checkbox"/> Response Accompanying RCE <input checked="" type="checkbox"/> Fee as calculated below <input type="checkbox"/> No Additional Fee Required <input type="checkbox"/> Replacement Drawings	<input checked="" type="checkbox"/> RCE Transmittal <input checked="" type="checkbox"/> Petition to Extend Time <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other _____
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CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	22		52	0	X \$50.00		\$0.00
Independent Claims	2		8	0	X \$210.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$370.00		\$0.00
<input checked="" type="checkbox"/> Request for Continued Examination (RCE) Fee					+ \$810.00		\$810.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$460 <input checked="" type="checkbox"/>	3 <sup>rd</sup> Month \$1050 <input type="checkbox"/>	4 <sup>th</sup> Month \$1640 <input type="checkbox"/>	5 <sup>th</sup> Month \$2230 <input type="checkbox"/>		\$460.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$635.00
TOTAL FEE DUE							\$635.00

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**APPLICATION NO. 09/839,581**

Payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of \$635.00 for the fees designated below.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

                    /Jason S. Jackson/                      
Jason S. Jackson  
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859  
(678) 420-9300  
(678) 420-9301 (fax)